

No. W 99209	Due no later than Dec 31, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		WAYLON STRICKLAND 20506 N. RAMSEY RD RATHDRUM ID 83858			
	AIC INSURANCE AGENCY LLC SUE BOYCE 847 SW 6TH ST 541-504-1822 REDMOND OR 97756 USA		3. <u>New</u> Registered Agent Signature: *			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	TRAVIS M BENNETT	847 SW 6TH ST.	REDMOND	OR	USA	97756
5. Organized Under the Laws of: OR W 99209		6. Annual Report must be signed.* Signature: Travis M. Bennett Name (type or print): Travis M. Bennett Date: 12/18/2013 Title: Member				
Processed 12/18/2013		* Electronically provided signatures are accepted as original signatures.				